April 7, 2010

TO: **MRTA Unit Presidents and MRTA Board of Directors**

FROM: **Walter Cochran, MRTA State President**

SUBJECT: **ELECTION OF DELEGATES TO THE MRTA ASSEMBLY OF DELEGATES**

It is time to elect delegates from your unit to attend the MRTA Assembly of Delegates which will be held beginning at 1:30 p.m., Tuesday, September 14, 2010 at the Capital Plaza Hotel, Jefferson City, Missouri.

SELECTION: Only members who have paid local and state dues are qualified to determine the number of delegates.

NUMBER: Each local unit is entitled to one delegate if it has from 1 to 100 qualified members of the MRTA. Qualified members are members who have paid local and state dues.

1 to 100 qualified members = 1 delegate
101 to 201 qualified members = 2 delegates
202 to 302 qualified members = 3 delegates
303 to 403 qualified members = 4 delegates, and so on

ALTERNATE: Elect an alternate at the meeting in case your delegate cannot attend. Alternates may sit in the visitor's section.

REPORT: Please complete the enclosed Delegate Registration Form to report your elected delegates and alternates and mail to MRTA DELEGATES, 3030 DuPont Circle, Jefferson City, MO 65109-6198. **Deadline: Return no later than June 15, 2010.**

IMPORTANCE: This is an effort to make the MRTA truly representative of all the state. Local units are an important part of MRTA. The MRTA ByLaws [Article XII, Section 3, Part (b)] state **we must have this form for Delegates to be able to vote at the Annual Meeting.**

LODGING: This is NOT to be considered as the Delegates' room reservation. Lodging and meeting information will be mailed to Unit Presidents as we get closer to the meeting.

EXPENSES: Since the MRTA does not have funds to defray the delegate expense, we are asking local units to provide expenses for the delegates. Thank you for your cooperation.

MISSOURI RETIRED TEACHERS ASSOCIATION
DELEGATE REGISTRATION FORM

(POST-MARKED BY JUNE 15, 2010)

Mail to: **MRTA Delegate, 3030 DuPont Circle**
Jefferson City, MO 65109

NAME OF LOCAL UNIT_____

QUALIFIED NUMBER OF MEMBERS_____

NAME AND ADDRESS OF ELECTED DELEGATE(S)

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NAME AND ADDRESS OF ELECTED ALTERNATE(S)

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